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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>22130-00030-US</b>	
		First Inventor <b>Jean-Christophe Ehrstrom</b>	
		Title <b>COMPOSITE LAMINATED ALUMINUM-GLASS FIBER SANDWICH PANELS</b>	
		Express Mail Label No. _____	
<b>APPLICATION ELEMENTS</b>  <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>24</b>]</span> <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>1</b>]</span> 5. Oath or Declaration <span style="float: right;">[Total Sheets _____]</span> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))  <small>(for continuation/divisional with Box 18 completed)</small></li> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>  <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></li> </ul> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program ( <i>Appendix</i> ) 8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:             <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul>	
<b>ACCOMPANYING APPLICATIONS PARTS</b>			
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <span style="float: right;"><input type="checkbox"/> Power of Attorney</span> <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <span style="float: right;"><input type="checkbox"/> Copies of IDS Citations</span> 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small> 17. <input type="checkbox"/> Other: _____			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Art Unit: _____ <b>For CONTINUATION or DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>19. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; padding: 2px 20px;"><b>30678</b></span> OR <input type="checkbox"/> Correspondence address below			
Name _____			
Address _____			
City _____	State _____	Zip Code _____	
Country _____	Telephone _____	Fax _____	
Name (Print/Type) <b>Susan E. Shaw McBee</b>		Registration No. (Attorney/Agent) <b>39,294</b>	
Signature <i>Susan E. L McBee</i>		Date	<b>September 25, 2003</b>

22212 U.S. PTO  
10/669502

092503

17667 U.S. PTO  
09/25/03

PTO/SB/17 (05-03)  
Approved for use through 04/30/2003. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="font-size: small; margin: 0;">Effective 01/01/2003, Patent fees are subject to annual revision.</p>		<h4 style="margin: 0;">Complete if Known</h4> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>Not Yet Assigned</td></tr> <tr><td>Filing Date</td><td>Concurrently Herewith</td></tr> <tr><td>First Named Inventor</td><td>Jean-Christophe Ehrstrom</td></tr> <tr><td>Examiner Name</td><td>Not Yet Assigned</td></tr> <tr><td>Art Unit</td><td>N/A</td></tr> <tr><td>Attorney Docket No.</td><td>22130-00030-US</td></tr> </table>		Application Number	Not Yet Assigned	Filing Date	Concurrently Herewith	First Named Inventor	Jean-Christophe Ehrstrom	Examiner Name	Not Yet Assigned	Art Unit	N/A	Attorney Docket No.	22130-00030-US
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<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>1,830.00</b>															

  

<h4 style="text-align: center; margin: 0;">METHOD OF PAYMENT (check all that apply)</h4> <p> <input type="checkbox"/> Check    <input type="checkbox"/> Credit Card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other    <input type="checkbox"/> None       </p> <p> <input checked="" type="checkbox"/> Deposit Account       </p> <p>         Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">22-0185</span> </p> <p>         Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Connolly Bove Lodge &amp; Hutz LLP</span> </p> <p>         The Director is hereby authorized to: (check all that apply)       </p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below    <input checked="" type="checkbox"/> Credit any overpayments       </p> <p> <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application       </p> <p> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.       </p>	<h4 style="text-align: center; margin: 0;">FEE CALCULATION (continued)</h4> <h3 style="margin: 0;">3. 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1201	84	2201	42	Independent claims in excess of 3																																																																																																		
1203	280	2203	140	Multiple dependent claim, if not paid																																																																																																		
1204	84	2204	42	** Reissue independent claims over original patent																																																																																																		
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																		
<b>SUBTOTAL (2)</b>				(\$)	1,080.00																																																																																																	
<b>1. BASIC FILING FEE</b> Large Entity: 750.00 Small Entity: 375.00 <b>SUBTOTAL: 750.00</b>																																																																																																						
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> Large Entity: 1,080.00 Small Entity: 540.00 <b>SUBTOTAL: 1,080.00</b>																																																																																																						
<b>3. ADDITIONAL FEES</b> (See Fee Calculation section 3) <b>SUBTOTAL: 0.00</b>																																																																																																						
<b>TOTAL AMOUNT OF PAYMENT: 1,830.00</b>																																																																																																						

  

<b>SUBMITTED BY</b> Name (Print/Type): Susan E. Shaw McBee Signature: <i>Susan E. L. McBee</i>		Complete (if applicable) Registration No. (Attorney/Agent): 39,294 Telephone: (202) 331-7111 Date: September 25, 2003	
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